CLAIMS ONLY

Application Number	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
10 1		1					51						
10 2		1					52						
10 3		1					53						
11 4		1					54						
10 5		1					55						
10 6		1					56						
10 7		1					57						
10 8		1					58						
10 9		1					59						
10		1					60						
11	1						61						
12		1					62						
13		2					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		2					69						
20							70						
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41							91						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
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3							53						
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6							56						
7							57						
8							58						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						